

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AD FLDG		ADJUDICATED		ADJUDICATED			AD FLDG		ADJUDICATED		ADJUDICATED	
	CHD	DEP	CHD	DEP	CHD	DEP		CHD	DEP	CHD	DEP	CHD	DEP
1	/						91	/					
2							92						
3							93	/					
4							94	/					
5							95	/					
6							96						
7							97						
8							98						
9							99						
10							100						
11													
12													
13													
14													
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16													
17													
18													
19		/											
20		/											
21		/											
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24		/											
25		/											
26		/											
27		/											
28		/											
29		/											
30		1											
31		2											
32		2											
33		2											
34		2											
35		2											
36		2											
37		2											
38		2											
39		1											
40		1											
41		1											
42		1											
43		1											
44		1											
45		1											
46		1											
47		1											
48		1											
49		1											
50		1											
TOTAL IND.	2	1					TOTAL IND.						
TOTAL DEP.	60						TOTAL DEP.						
TOTAL CLAIMS	62						TOTAL CLAIMS						